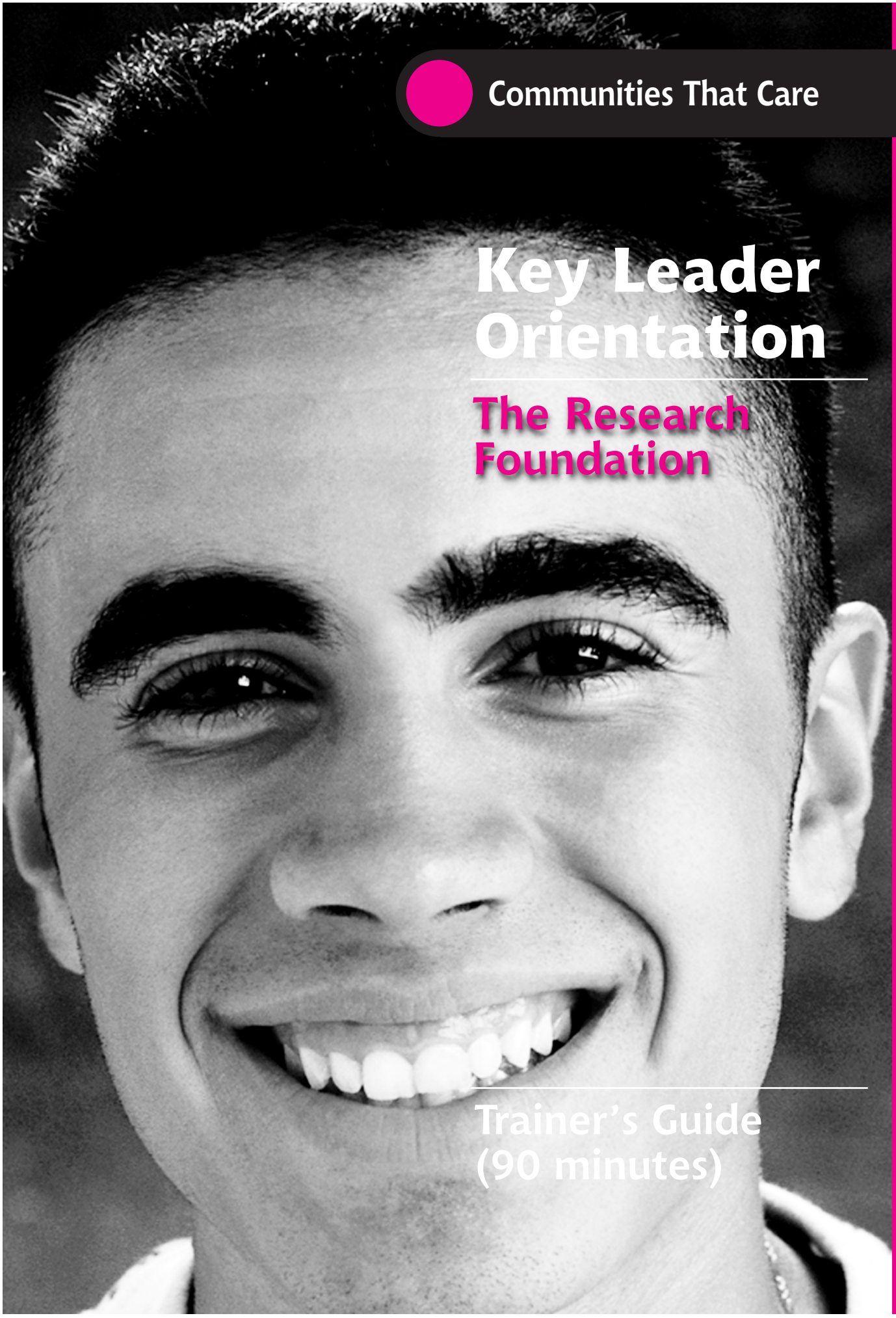


Communities That Care

Key Leader Orientation

The Research Foundation

Trainer's Guide
(90 minutes)

Module 2

Slides for Module 2

Mouse-Click Icon

(for a computer-based presentation)
The mouse-click icon shows you what information will come up on the slide when you click. (Some slides use several clicks.)

Slide 2-1

Notes

Slide 2-2

Review slide 2-2.

Slide 2-3

Notes

NOTE: This module is intended for those interested in becoming involved in a *Communities That Care* initiative currently happening in their community, or in one that is just starting.

Review the slide.

This module examines the research foundation of the Communities That Care *system, including the public health approach, the Social Development Strategy, risk and protective factors, and tested, effective programs.*

Slide 2-4

Notes

Review the slide.

Slide 2-5

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Mental Set

How many of you believe we know how to prevent problem behaviors among teens—such as alcohol and other drug use, violence and crime—and also how to ensure the healthy development of our youth?

Ask for a show of hands.

In fact, we've amassed a growing body of knowledge in this field of prevention science over the last 30 years. The Communities That Care *system uses that knowledge to provide a framework that communities can use in the daily lives of children and families.*

The Communities That Care *system is grounded in the best research from the wide variety of fields that have contributed to prevention science. These fields include: medicine, public health, sociology, psychology, education and criminology. Four primary areas of research form the foundation of the* Communities That Care *system.*

Review the slide.

We'll learn more about each of these research areas throughout the orientation.

Slide 2-6

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Mental Set

How many of you have read Stephen Covey's book The 7 Habits of Highly Effective People? Covey's second habit is "Begin with the end in mind."

As we talk about the development of our children, we need to think clearly about the end we have in mind.

Take a moment and think about the babies being born in your community. Imagine yourself as a new mother or father, holding your baby for the first time.

Pause.

Slide 2-7

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Now imagine those babies as the adults they will become. They will be the adults with whom you share your community. They will be your neighbors and co-workers, and the pharmacists, plumbers, politicians and teachers of tomorrow. They may be your sons- or daughters-in-law. They will stand next to you in the voting booth. They will pay your Social Security benefits. Childhood is not the end we need to focus on. Positive, healthy adulthood is the end we must keep in mind. We are not raising children, we are raising adults, and we must keep in mind the kind of adults we want to produce.

What is the end we have in mind? Let's take a minute and reflect on it. At the bottom of your page, I'd like you to write three words that describe the kind of adults you hope babies born into your community will become—the kind of adults you would like to have sharing your community. They don't have to be the only three qualities or the most important qualities, just three that come to mind.

Allow about two minutes.

Next, I'd like you to work with the others at your table to agree on three qualities you would all like to see in the adults those babies will become. Again, they needn't be the only three or the top three, just three the group can agree on. Please write these on the easel page at your table.

Allow about three minutes to discuss. Then ask each group to quickly share what they wrote.

This should be your starting place as a community of adults who care about children. These qualities represent the consistent message that you can send to children about what is important in your community.

Slide 2-8

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The Social Development Strategy (SDS) was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano, of the University of Washington, to organize the research on healthy youth development. The SDS provides a road map, or framework, for getting from birth to healthy, positive adulthood. The SDS can help you work together as a community to reach the "end you have in mind" for your community's children and youth.

Communities using the Communities That Care *system in Colorado called their initiative "Build a Generation" to keep them focused on the end in mind. They wanted to stay focused on the long-term nature of their effort—to create a generation with the kinds of healthy, positive qualities you just listed.*

Slide 2-9

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.

The SDS begins with healthy behaviors. These are the qualities you all listed earlier, the end you have in mind. But just knowing the desired end is not enough to ensure healthy development.

The research on social development tells us that in order to have healthy behaviors, children must be connected to adults who communicate healthy beliefs and clear standards for their behavior.

Notes

Think back to when you were in third grade. What expectations and standards did the adults in your life communicate to you?

Take several responses.

What do you think would happen if we asked children in your community the same question? Would they express the same types of expectations? Would the expectations they express be as consistent across the different areas of their lives—in their families, schools, communities and peer groups—as they were in your childhood?

As our communities have become more complex and more diverse, and as children's exposure to the world has expanded, it has become more important (and more difficult) to ensure that a consistent set of expectations and standards for children is in place. As adults, we have to work harder at it than previous generations did. But research shows that these healthy beliefs and clear standards are an important protective factor that buffers children from exposure to risk.

So, even if we can't eliminate or reduce all the risks in young people's lives, we can build this protective shield of healthy beliefs and clear standards around them to help them withstand those risks. As adults who influence children, it is important that we clearly tell children what behaviors are expected of them. We need to tell them what is acceptable behavior in our schools and our families, and what is not.

Check for understanding.

Turn to a partner and share one way that healthy beliefs and clear standards are communicated to children and youth in your community.

Ask for three people to share ideas.

So, we know that it's important to communicate healthy beliefs and clear standards to children. But is it enough? If we just tell students the rules and expectations, they'll follow them, right? Unfortunately, not. Researchers investigated the difference between young people who choose to follow healthy beliefs and clear standards and those who do not. The difference, they discovered, is bonding.

Bonding motivates young people to follow expectations. Bonding means an attached, committed relationship between an adult and a child. A child who feels that kind of attachment and commitment is less likely to threaten that relationship by violating the standards and expectations held by the adult.

So, if my son is bonded to me, if he cares about our relationship, he is going to think twice about engaging in behavior that violates our family guidelines. If a child has an attached and committed relationship with her teacher, she will work harder to follow the classroom expectations because she doesn't want to threaten that relationship.

Studies have consistently shown that even when children live in high-risk environments, a strong bond to a caring adult who holds healthy beliefs and clear standards can be a powerful protective factor in ensuring healthy development. This is important because we know that most children face some risks in their lives—and some face many more than others.

Raise your hand if you can think of a child in your community who doesn't have that kind of attached, committed relationship with a parent, or a child whose parent doesn't have healthy beliefs and clear standards.

The power of bonding is that it just takes one person! One adult who cares about a child, who holds healthy beliefs and clear standards for that child, and who builds a strong, protective bond with that child can make the difference in whether that child's development follows a healthy and positive—or a negative and antisocial—path. That caring adult may be a parent, extended family member, neighbor, coach, teacher or member of the child's faith community. That adult can be anyone who holds healthy beliefs and clear standards and builds the kind of attached, committed relationship that produces strong bonds. There can never be too many of these relationships in children's lives—but it ONLY TAKES ONE to make a difference.

So, the million-dollar question is: How do you build bonding? How do you create those attached, committed relationships with children that motivate them to follow healthy beliefs and clear standards?

Notes

The research on the SDS looked at how bonding—that attached, committed relationship between a child and an adult—develops. It found three necessary conditions.

First, children need to have developmentally appropriate opportunities to be meaningfully involved with and contribute to the social group (family, school, etc.). For example, feeding the class pet could be a meaningful opportunity for a first- or second-grade student, while preparing part of a lesson could be an appropriate opportunity for a middle-school student.

The goal of opportunities for meaningful involvement is to make children feel valuable. They need to feel like an important, indispensable part of their community, school or family, and that what they do makes a difference. We want to make them feel that if they weren't a part of the community, the community couldn't work quite as well; that their school couldn't possibly function if they weren't there; that their family couldn't get by without them. The message we want to convey is, "You have an important role to play."

Think about your own community. Do young people feel that they have an important role to play in your community? Are they viewed as assets, without which the community would be less successful? When teenagers walk down the streets, do the adults they meet look at them with an expression that says, "I know that you play an important role in our community"? Unfortunately, in many communities, the opposite is true. Young people not only don't feel valuable, they feel they are seen as a threat or, at the very least, a nuisance. Should we be surprised when these young people don't feel bonded to the community?

So, the first ingredient in bonding is opportunities for children and youth to be meaningfully involved in their communities, families and schools.

The second important aspect of bonding is skills. If young people are given an opportunity, but lack the skills for success, the opportunity is likely to produce frustration or failure—not an experience that builds a strong bond. Successful involvement builds bonds. When we give children opportunities, we need to make sure they have the emotional, cognitive, social and behavioral skills to be successful.

For example, when we give young people opportunities to be involved in committees or advisory groups in the community, we need to make sure that they have, or learn, the skills to be successful members. They may need to learn skills for interacting with adults or for public speaking. They may need to learn Robert's Rules of Order. They may need to learn how to listen effectively to different points of view.

The final component of bonding is recognition. When young people have been given opportunities and have the skills to be successful, we need to ensure that they are recognized for their involvement. This sets up a reinforcing cycle in which children continue to look for opportunities and learn skills and, therefore, get recognition. Recognition must be specific to the behavior or involvement. It can be as simple as a thank you or a hug, or it can be a material reward. The important thing is that the child perceives the recognition as rewarding. So, it is important to find out from young people what types of recognition they value.

Three individual characteristics influence how children experience bonding: a prosocial (a positive social) orientation, a resilient temperament and high intelligence.

Outgoing, social children are more likely to take advantage of opportunities for involvement and to have the social skills to be successful in many situations. Resilient children—those who bounce back easily from difficulties and frustration—may persist more in seeking opportunities and learning skills than children who give up easily. Children with high intelligence may be given more opportunities and may find it easier to learn some skills.

The important thing is that, for children who lack any of these protective characteristics, we must work a little harder to ensure that they have the opportunities, skills and recognition to build strong bonds.

Notes

Guided Practice

Assign each table group one of the following "constituent groups." Then ask each table group to develop an explanation of the SDS that would be meaningful to the constituent group.

- parents
- teachers
- employers
- teenagers
- Key Leaders not yet involved

Allow five minutes. Ask each group to briefly share its explanation.

Check for understanding.

Ask for volunteers to answer the following questions:

- What are some opportunities that a 4-year-old could have in the family?
- What are some opportunities that an 8-year-old could have in the classroom?
- What are some opportunities that a 13-year-old could have in his or her peer group?
- What are some opportunities that a 17-year-old could have in the community?

Make sure participants understand that the SDS applies across all phases of development, from birth on.

Ask that each participant briefly list at the bottom of his or her page some of the adults with whom children and youth may have strong bonds in their community.

Ask if everyone understands the SDS, and if anyone has any questions.

Ask if everyone agrees that the SDS is a way to help build healthy behaviors.

Slide 2-10

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

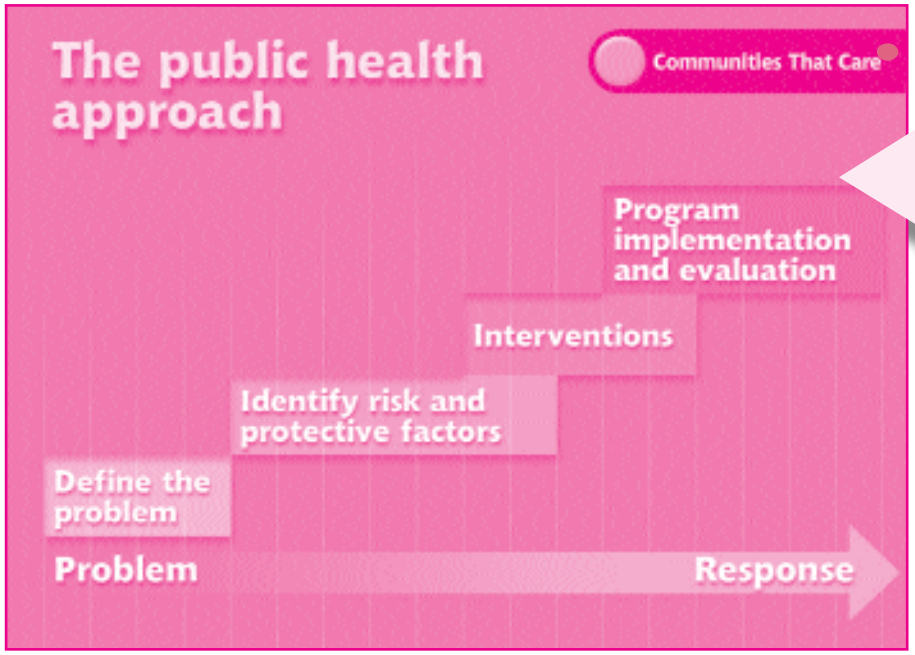
The second research foundation of the Communities That Care *system is the public health approach—a comprehensive, community-wide approach to public health problems. Heart disease, breast cancer and drunk driving have all been addressed by involving the entire community to promote awareness and behavior change.*

Mental Set

How many of you have changed your eating habits in the last decade to a lower-fat diet? How many of you have quit smoking? How many of you exercise regularly? Why have so many people made these changes?

A public health approach to the prevention of heart disease was adopted about 25 years ago. We have seen this approach with grocery stores and restaurants offering "low-fat, heart-healthy" foods; with the increasing numbers of "smoke-free" restaurants, workplaces and buildings; with the increasing availability and popularity of gyms, jogging tracks and aerobics classes; and with school programs that include life skills topics that promote healthy lifestyles.

Our strategy in prevention science is rooted in this effective approach to public health issues. When we focus on the positive, healthy development of our children as the end we desire, we need to understand how problems develop—and how to prevent them from developing.



Slide 2-11

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

The public health approach is a four-step strategy, designed to prevent health problems.

The first step is to define the problem. This guides the development of effective strategies.

The second step involves identifying the risk and protective factors related to the problem. In the case of heart disease, for example, research identified things such as smoking and diets high in fat as predictors of heart disease. Meanwhile, other research identified exercise as a protective factor—an element that buffered the effects of risk factors.

In the third step, interventions address those predictors. The aim of such interventions is to reduce risk factors while enhancing protective factors.

The fourth step, implementation and evaluation, is an important part of the public health approach. It's critical to ensure that programs are being implemented as designed—and that they are achieving the desired results.

Slide 2-12

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

These are the aspects that make the public health approach successful.

Slide 2-13

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The third important component of the prevention-science research base is research-based predictors of problem behaviors and positive youth outcomes: risk and protective factors.

Mental Set

I'd like you to find a partner and do the following:

One of you role-play a doctor and the other a patient.

The patient is having chest pains and shortness of breath, and is worried that he or she is going to have a heart attack. Doctors, you'll have two minutes to interview the patient and determine the problem.

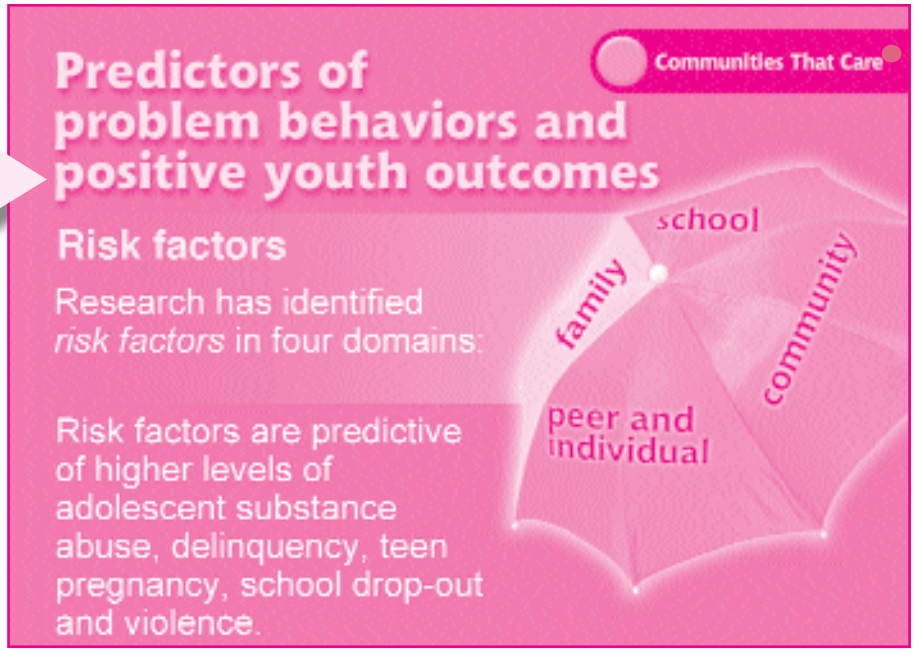
After two minutes, stop the group and ask:

Doctors, what kinds of questions did you ask?

The interviews might have included questions about age, family medical history, diet, exercise, high blood pressure, etc.

Most of you asked about things you know are "risk factors" for heart disease. Why are these risk factors important to assess? Because they help determine the likelihood of the patient's having, or developing, heart disease.

Slide 2-14



Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

A risk factor is a condition that increases the likelihood of something happening. Just as there are risk factors for heart disease, researchers have identified risk factors for adolescent problem behaviors, like alcohol and other drug use, delinquency, dropping out of school, teen pregnancy and violence. Knowing the risk factors for heart disease lets doctors develop interventions that target risk-factor reduction rather than waiting to treat a heart attack. Similarly, knowing the risk factors for adolescent problem behaviors helps us target and reduce those risk factors in children's lives before children become involved with drug use or crime, drop out of school or become pregnant.

Dr. Hawkins and Dr. Catalano reviewed over 30 years of research and identified 20 risk factors. (The list is dynamic—risk factors are added as new research emerges.)

Keep in mind that the risk factors we'll be looking at are predictive, not prescriptive. Does anyone know someone who has smoked a pack of cigarettes every day, has had bacon and eggs for breakfast and has never exercised, but is healthy as an ox at 85? Exposure to risk factors for adolescent problem behaviors does not doom a child to problem behaviors. It just increases his or her likelihood of developing problems in adolescence.

Slide 2-15

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.

1 → *Risk factors for adolescent problem behaviors are derived from research in a range of fields.*

2 → *Each one has been shown in two or more studies that follow populations over time to be a good predictor of problem behavior later in adolescence. That is, the predictors were measured earlier in development and were found to increase probability of later problem behaviors.*

3 → *This includes families, communities, schools, peer groups and individuals.*

4 → *Most risk factors are predictive of more than one problem behavior.*

Notes

Risk factors have been identified from before birth (e.g., family history of the problem behavior or constitutional factors) through adolescence (e.g., friends who engage in the problem behavior or favorable attitudes toward the problem behavior).

Although different groups may have greater exposure to a given risk factor, the risk factors have similar effects regardless of race. For example, children of color are more likely to be exposed to economic deprivation, but the effects of poverty as a risk factor are the same, regardless of race.

They can be measured and tracked through validated survey/archival data.

Protective factors serve as a buffer, or shield, to protect children from the effects of exposure to risk.

Slide 2-16

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

First, let me tell you how the risk-factor charts are laid out.
We have divided the risk factors into four domains of influence in children's lives: community, family, school, and peer and individual. This first chart shows the community risk factors.

Across the top of each chart are the five problem behaviors addressed in Hawkins' and Catalano's research. In the left column are the risk factors for the domain.

A check mark means that the risk factor has been shown to be predictive of the corresponding problem behavior.

Review the risk factors.

Availability of drugs
The more available alcohol and other drugs are in a community, the higher the risk for alcohol and other drug use and violence.

Availability of firearms
Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is a risk factor.

Notes

Community laws and norms favorable toward drug use, firearms and crime

When laws, tax rates and community standards are favorable toward alcohol and other drug use, firearms or crime—or even when they are just unclear, young people are at higher risk.

Media portrayals of violence

Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior.

Transitions and mobility

When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur. Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems.

Low neighborhood attachment and community disorganization

Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms.

Extreme economic deprivation

Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy and dropping out of school, or to engage in violence toward others during adolescence and adulthood.

Take any questions. (There is more background information for each community risk factor, and the problem behaviors it may predict, on the following pages. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

Do you see any community risk factors that you think affect the children in your community?

Community Risk Factors: Background Information

Notes

Availability of drugs (substance abuse, violence)
The more available alcohol and other drugs are in a community, the higher the risk for alcohol and other drug use and violence. Perceived availability of drugs is also associated with increased risk. In schools where children think that drugs are more available, a higher rate of drug use occurs (Johnston, O'Malley & Bachman, 1985).

Availability of firearms (delinquency, violence)
Firearm availability and firearm homicide have increased since the late 1950s. If there is a gun in the home, it is much more likely to be used against a relative or friend than against an intruder or stranger. Also, when a firearm is used in a crime or assault, the outcome is much more likely to be fatal than if another weapon or no weapon is used.

While a few studies report no association between firearm availability and violence, more studies do show a relationship. Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is a risk factor (Reiss & Roth, 1993).

Community laws and norms favorable toward drug use, firearms and crime (substance abuse, delinquency, violence)
The attitudes and policies a community holds in relation to drug use, firearms and crime are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates and community standards are favorable toward alcohol and other drug use, firearms or crime—or even when they are just unclear—young people are at higher risk (Sampson, 1986; Holder & Blose, 1987; Brook et al., 1990).

One example of a community law affecting drug use is alcohol taxation, where higher tax rates decrease the rate of alcohol use (Saffer & Grossman, 1987; Hawkins, Arthur & Catalano, 1995).

An example of conflicting messages about alcohol and other drug use can be found in community acceptance of alcohol use as a social activity. The beer gardens popular at street fairs and community festivals frequented by young people are in contrast to the "say no" messages that schools and parents may be promoting. This makes it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime, and the effects usually diminish after the law has been in effect for multiple years. A number of studies suggest that the small and diminishing effect is due to two factors—the availability of firearms from other jurisdictions without legal prohibitions on sales or access, and lack of proactive monitoring or enforcement of the laws (Reiss & Roth, 1993).

Notes

Media portrayals of violence (violence)
The effect of media violence on viewers' behavior (especially young viewers) has been debated for decades. Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to media violence appears to affect children in several ways: children learn violent behaviors from watching actors act violently; they learn violent problem-solving strategies; and media portrayals of violence appear to alter children's attitudes and sensitivity to violence (Eron & Huesmann, 1987; Huesmann & Miller, 1994).

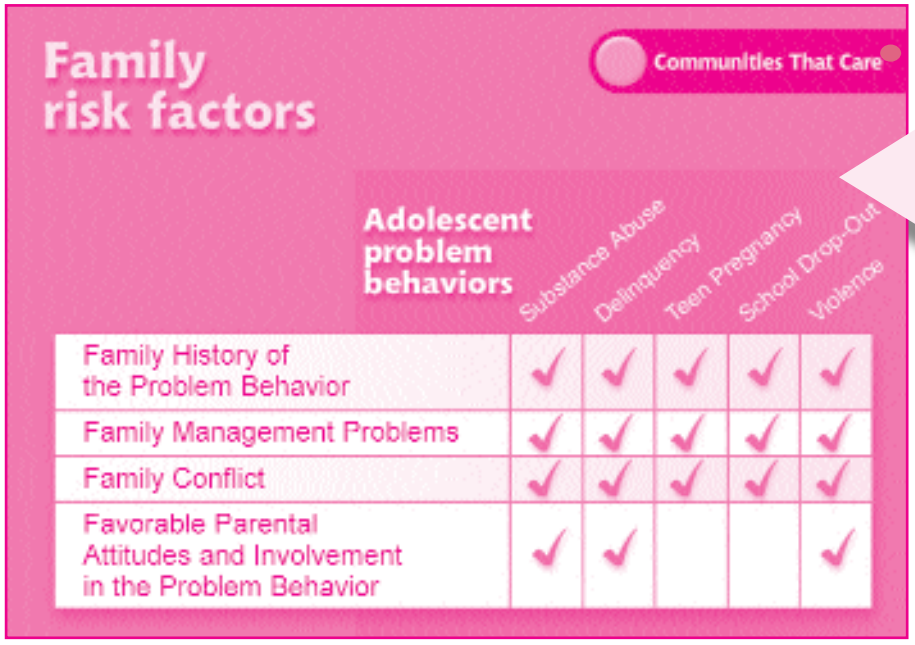
Transitions and mobility (substance abuse, delinquency, school drop-out)
Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur (Hawkins & Catalano, 1996).

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community move, the greater the risk of criminal behavior and drug-related problems in families in these communities (Sampson, 1986; Sampson & Lauritsen, 1994).

Low neighborhood attachment and community disorganization (substance abuse, delinquency, violence)
Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. These conditions are not limited to low-income neighborhoods—they can also be found in more well-to-do neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players (such as merchants, teachers, police, and human and social services personnel) live outside the community, residents' sense of commitment will be lower. Lower rates of voter turnout and parent involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms (Sampson, 1986, 1997; Sampson & Lauritsen, 1994; Herting & Guest, 1985; Gottfredson, 2001).

Extreme economic deprivation (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy and dropping out of school. They are also more likely to engage in violence toward others during adolescence and adulthood. Children who live in these areas **and** have behavior or adjustment problems early in life are even more likely to develop problems with drugs (Sampson, 1986; Sampson & Lauritsen, 1994; Farrington, 1989; Robins & Ratcliff, 1979; Elliot et al., 1989).



Slide 2-17

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The family domain comes next, since the family is the first place in a child's development where risks become apparent.

Review the risk factors.

Family history of the problem behavior
When parents have histories of alcohol or other drug addictions, criminal behavior, teenage pregnancy or dropping out of school, their children face an increased risk of similar behavioral problems.

Family management problems
These include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children; and excessively severe, harsh or inconsistent punishment.

Family conflict
Conflict between family members appears to increase children's risk for all five problem behaviors—and it appears to be more important than family structure (e.g., whether the family is headed by two biological parents, a single parent or another primary caregiver).

Favorable parental attitudes and involvement in the problem behavior
Parents who approve of, encourage or participate in problem behaviors increase their children's risk for these behaviors.

Are there any questions about these risk factors?

Take any questions. (There is more background information for each family risk factor, and the problem behaviors it may predict, on the following page. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

Do you see family risk factors that are affecting children in your community?

Notes

Family Risk Factors: Background Information

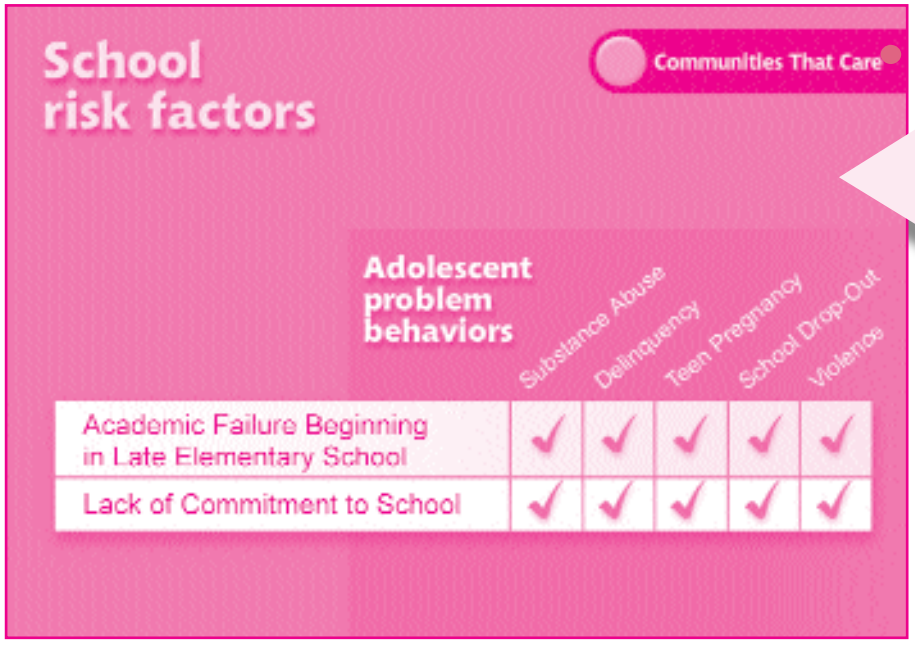
Family history of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
In a family with a history of addiction to alcohol or other drugs, children are at increased risk of alcohol or other drug problems themselves (Cloninger et al., 1985; Johnson et al., 1984; Brook et al., 1990). In families with a history of criminal behavior, children's risk for delinquency increases (Farrington, 1989). Similarly, children of teenage mothers are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Family management problems (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Poor family management practices include having a lack of clear expectations for behavior; failure of parents to supervise and monitor their children (knowing where they are and who they're with); and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all five problem behaviors (Kandel & Andrews, 1987; Brook et al., 1990; Farrington, 1989; Sampson, 1986; Hawkins, Arthur & Catalano, 1995).

Family conflict (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all five problem behaviors. Conflict between family members appears to be more important than family structure (e.g., whether the family is headed by two biological parents, a single parent or another primary caregiver) (Brook et al., 1990; Sampson, 1986).

Favorable parental attitudes and involvement in the problem behavior (substance abuse, delinquency, violence)
Parents' attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Children whose parents approve of or excuse them for breaking the law are more likely to become involved with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for violent behavior.

If parents use illegal drugs, are heavy users of alcohol or tolerate children's use, children are more likely to become drug users in adolescence. The risk is further increased if parents involve children in their own drug- or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Parental approval of children's moderate drinking, even under supervision, increases the risk that the children will use marijuana and develop problems with alcohol or other drugs (Barnes & Welte, 1986; Brook et al., 1986; Johnson, Schontz & Locke, 1984; Kandel & Andrews, 1987).



Slide 2-18

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Once children reach school age and move into a larger social environment, they are exposed to these school risk factors:

Academic failure beginning in late elementary school
Beginning in the late elementary grades, academic failure increases the risk of all five problem behaviors. It appears that the experience of failure itself, not any lack of ability, increases the risk of these problem behaviors.

Lack of commitment to school
Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for all five problem behaviors.

Are there any questions about these risk factors?

Take any questions. (There is more background information for each school risk factor, and the problem behaviors it may predict, on the following page. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

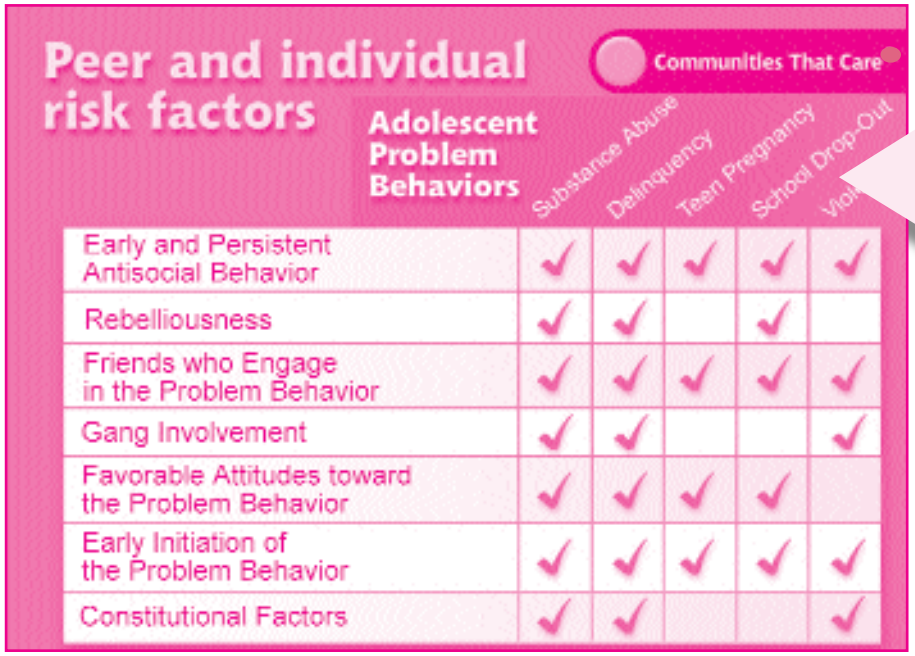
Are there risk factors in this domain that you believe affect the children in your community?

Notes

School Risk Factors: Background Information

Academic failure beginning in late elementary school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Beginning in the late elementary grades, academic failure increases the risk of all five problem behaviors. It appears that the *experience* of failure itself, not any lack of ability, increases the risk of these problem behaviors (Najaka, Gottfredson & Wilson, 2001; Maguin & Loeber, 1996; Farrington, 1989; Gottfredson, 2001).

Lack of commitment to school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for all five problem behaviors (Najaka et al., 2001; Gottfredson, 2001; Jessor & Jessor, 1977).



Slide 2-19

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Risk factors in the peer and individual domain become significant as children move toward adolescence.

Review the risk factors.

Early and persistent antisocial behavior
Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children, which increases the risk for all five problem behaviors.

Rebelliousness
Young people who do not feel that they are part of society or bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk for drug use, delinquency and dropping out of school.

Friends who engage in the problem behavior
Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors.

Gang involvement
Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent friends. Gang members, however, are even more likely to exhibit these problem behaviors.

Notes

Favorable attitudes toward the problem behavior
During the elementary years, children usually express anti-drug, anti-crime and prosocial views. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk.

Early initiation of the problem behavior
The earlier that young people use drugs, commit crimes, first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective problem behavior.

Constitutional factors
These factors include sensation-seeking, low harm-avoidance and lack of impulse control, and appear to increase the risk of drug use, delinquency and/or violent behavior.

Are there any questions about these risk factors?

Take any questions. (There is background information for each peer and individual risk factor, and the problem behaviors it may predict, on the following page. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

Check for understanding.

Have the group review the risk factor slides and select at least one risk factor over which they have some influence, either in their professional or personal life. Then ask them to share the one they selected with a partner.

Explain that they will learn more later about how risk factors are used in the *Communities That Care* system.

Peer and Individual Risk Factors: Background Information

Notes

Early and persistent antisocial behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation, withdrawal, hyperactivity or attention deficit disorder, there is an even greater risk of problems in adolescence.

This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children. Both girls and boys who engage in these behaviors in early adolescence are at increased risk for all five problem behaviors (Farrington, 1989; Moffitt, 1993; Hawkins et al., 1998; Lipsey & Derzon, 1998; Loeber & Stouthamer-Loeber, 1998; Robins, 1978; Gottfredson, 2001).

Rebelliousness (substance abuse, delinquency, school drop-out)
Young people who do not feel that they are part of society or bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk for drug use, delinquency and dropping out of school (Jessor & Jessor, 1977; Kandel, 1982; Bachman et al., 1981; Shedler & Block, 1990; Robins, 1980).

Friends who engage in the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors (Newcomb & Bentler, 1986; Brook et al., 1990; Kandel & Andrews, 1987; Hansen et al., 1987).

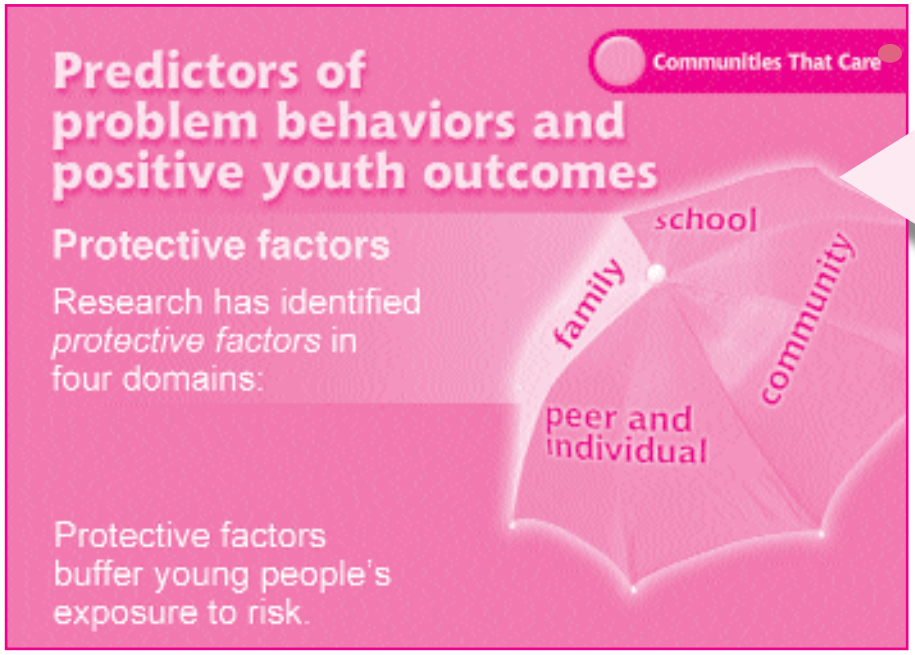
Gang involvement (substance abuse, delinquency, violence)
Research has shown that children who have delinquent friends are more likely to use alcohol and other drugs and to engage in violent or delinquent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior (Thornberry, 1999; Battin-Pearson, Thornberry, Hawkins & Krohn, 1998; Battin, Hill, Abbot, Catalano & Hawkins, 1998).

Notes

Favorable attitudes toward the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out)
During the elementary years, children usually express anti-drug, anti-crime and prosocial views; they have trouble imagining why people use drugs, commit crimes and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk (Kandel et al., 1978; Krosnick & Judd, 1982; Gottfredson, 2001).

Early initiation of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)
The earlier that young people use drugs, commit crimes, first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective problem behavior. Aggressive behavior at ages 4-8 predicts later violent behavior (Nagin & Tremblay, 1999), and truancy in the elementary grades predicts school drop-out. For example, research shows that young people who start drug use before age 15 have twice the risk of drug problems than those who start after age 19 (Robins, 1978; Rachal et al., 1982; Kandel, 1982; Gottfredson, 2001).

Constitutional factors (substance abuse, delinquency, violence)
Constitutional factors may have a biological or physiological basis. These factors include sensation-seeking, low harm-avoidance and lack of impulse control, and appear to increase the risk of drug use, delinquency and/or violent behavior (Lerner & Vicary, 1984; Shedler & Block, 1990; Farrington, 1989; Gottfredson, 2001).



Slide 2-20

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

The other side of the research-based-predictors coin is protective factors.

Protective factors operate by shielding or buffering children from exposure to risk. That means that even when we can't reduce all of the risks in young people's lives, we can help protect them from the effects of that risk exposure by building this protective shield.

Slide 2-21

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.

1. *Protective factors are based on research on what was different about young people who successfully navigated high-risk exposure (impoverished inner-city environments, etc.).*
2. *They are found in families, communities, schools, peer groups and individuals.*
3. *They can be measured and tracked through validated survey data.*
4. *They've been identified by multiple longitudinal studies.*
5. *They exist from before birth through adolescence.*
6. *They mediate or moderate effects of exposure to risk factors.*

Slide 2-22

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

These are the same factors that Dr. Hawkins and Dr. Catalano built into the Social Development Strategy. The Social Development Strategy shows how the protective factors work together.

Slide 2-23

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The Social Development Strategy has organized what we have learned about research on protective factors into a strategy for action. You've already learned about these protective factors, and you know how they work together in the Social Development Strategy.

Check for understanding.

Raise your hand if you can tell me what three individual characteristics can serve as protective factors for children and youth.

The answer is high intelligence, resilient temperament and prosocial orientation.

Turn to your partner and give an example of a social, emotional, cognitive or behavioral skill that a teenager might need in order to successfully contribute to the Communities That Care *effort.*

Possible answers include communication skills, how to introduce themselves to adults, Robert's Rules of Order, public speaking skills, assertiveness skills, problem-solving skills and negotiation skills.

Remind participants that protective factors are important for adults as well as children.

Slide 2-23A

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

NOTE: This material is optional. Do not review this material if the community is using the Assets approach in conjunction with the *Communities That Care* system.

People sometimes wonder if it's necessary to address both risk and protective factors. Why can't we focus just on risk? Or just on protection, or just on the assets and strengths of our children?

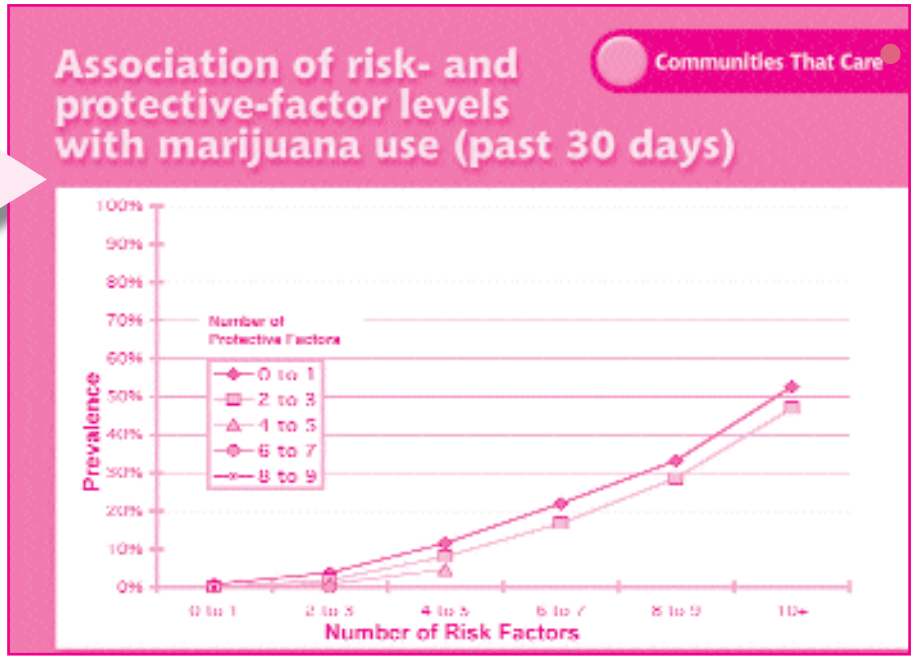
Briefly review each section as you click it onto the screen.

1 → *The Search Institute offers a research-based framework of 40 "developmental assets"—factors that promote positive youth development—as a starting point for community action. The 40 assets are organized into four categories of external assets and four categories of internal assets. The Search Institute encourages communities to work on strengthening these assets to ensure positive youth development.*

2 → *The* Communities That Care *system takes community action much further. In addition to helping communities assess and strengthen protection, the* Communities That Care *system uses the Social Development Strategy to explain how protective factors work together to promote positive youth development. But protection isn't the only factor that influences positive youth development. That's why the* Communities That Care *system helps communities assess and reduce risk. This is a key element of an effective prevention approach. Moreover, the* Communities That Care *system helps communities use their unique profiles of risk and protection to select tested, effective programs to promote positive youth development.*

An initiative for positive, community-wide change that focuses only on protection lacks the completeness of an approach that seeks to increase protection while simultaneously reducing risk. We'll spend the next few minutes taking a look at how risk and protective factors interact to influence positive youth development.

Slide 2-24



Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Research has clearly demonstrated that the best way to promote positive development and significantly impact problem behaviors is to focus on both risk and protection.

The graphs we'll be looking at show why.

This first graph shows the association of risk and protective factors with the prevalence of marijuana use in the past 30 days. (Use in the past 30 days is a good indicator of the number of youth who currently use marijuana.) On the y-axis we see the prevalence of marijuana use. On the x-axis we see five levels of risk. For now, just look at the slope of the lines—ignore the different colored lines.

Trace the slope of the blue line across the graph.

You can see that, when children are exposed to few risk factors, their prevalence of marijuana use is close to 0%. As they are exposed to more risk factors, marijuana use increases. At the highest levels of risk exposure, more than 50% of children are using marijuana.

So, the first thing we notice is: The more risk factors to which children are exposed, the greater the use of marijuana.

Now, let's look at the impact of protective factors.

The different levels of protection are indicated by the different colored lines, with blue showing the least protection and black showing the most.

Notes

Point to the blue and green lines at 10 or more risk factors.

Here we can see that the children exposed to the greatest number of risk factors are also those who are exposed to the fewest number of protective factors. Not surprisingly, we find the highest prevalence rates of marijuana use among these children.

Point to the turquoise line at 4 to 5 risk factors.

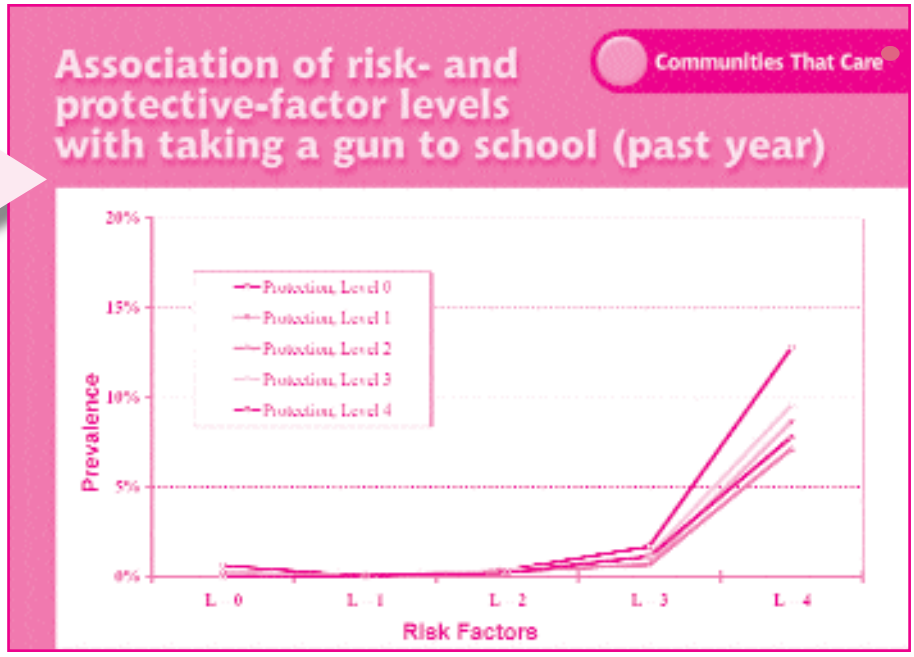
In contrast, when a moderate number of risk factors—4 to 5—are buffered by an equal number of protective factors, prevalance is limited to around 5%. But at this point the line of 4 to 5 protective factors ends. That's because each point on these lines represents 100 or more students from the sample. When fewer than 100 students were found for a particular level of risk and protection, a point was not included on the graph.

This graph shows that, unfortunately, the number of protective factors children experience tends to decrease as their exposure to risk increases. It is difficult to develop levels of protection in high-risk environments.

Point to the black X at 0 to 1 risk factors.

In fact, this line representing children exposed to the most protective factors doesn't extend beyond the lowest level of risk. That means that, from a sample of over 60,000 children, this study found fewer than 100 children at each level between 2 to 3 and 10 or more risk factors who were also exposed to the highest levels of protection.

Slide 2-25



Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

A similar relationship holds true for other problem behaviors.

This graph shows the association of risk and protective factors with the prevalence of taking a gun to school in the past year.

Trace the slope of the black line marked with squares across the graph.

As with marijuana use, the prevalence of the behavior increases as children are exposed to more risk factors. At the highest levels of risk exposure, close to 15% of the children in this study are taking a gun to school.

As we saw with the last graph, few children in high-risk environments experience high levels of protection. But now let's take a look at what happens when these high-risk children do experience high levels of protection.

Point to the black square at risk level 4.

At the highest level of risk, those students exposed to the least amount of protection are more likely to take a gun to school. The prevalence for students exposed to the most risk and the least protection approaches 15%.

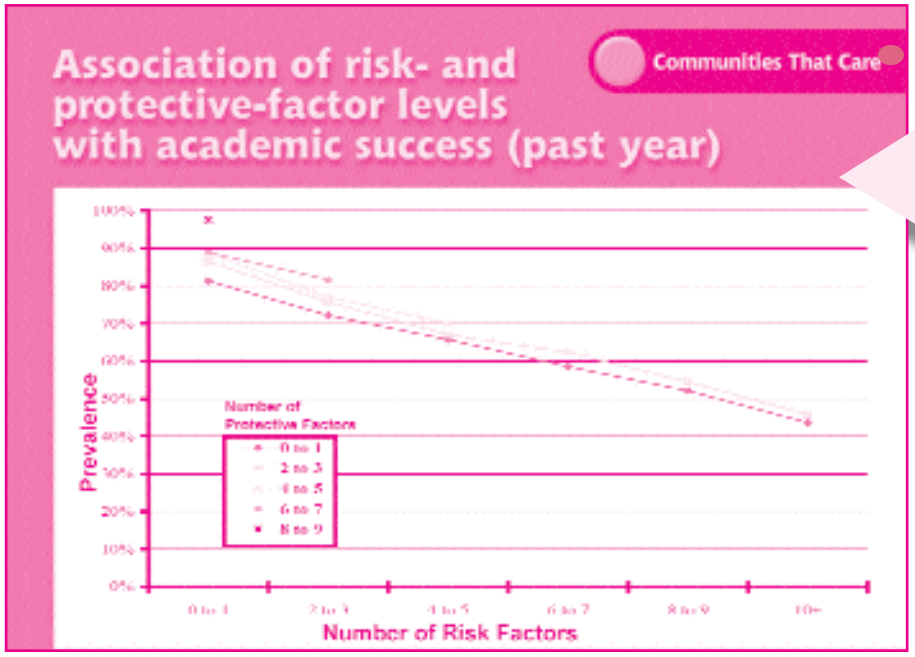
Point to the other lines at risk level 4.

Higher levels of protection, however, buffer the effects of risk. At these higher levels of protection, the prevalence of taking a gun to school is held below 10%—despite the children's exposure to a high level of risk.

Ideally, we need to reduce overall levels of risk in the community, while simultaneously increasing protection.

Point to the black X at risk level 0.

If we focus on risk and protection, we can reduce the prevalence of children taking guns to school!



Slide 2-26

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The combined effects of risk exposure and low protection are also seen in the relationship between risk factors, protective factors and positive outcomes.

This graph shows the correlation of risk and protective factors with academic success, meaning students who got As or Bs.

As you can see, the fewer risk factors children are exposed to, the greater the prevalence of academic success. Exposure to risk gets in the way of positive outcomes, such as doing well in school.

Point to the black X at 0 to 1 risk factors.

For students at the lowest risk with the greatest amount of protection, about 98% got Bs or better in school.

We need to reduce risk exposure and enhance protective factors if we want our children to succeed in school and life—and avoid problems like drug use and violence.

Slide 2-27

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.

1 → *Efforts should focus on reducing risk and enhancing protection in all of these domains of socialization: the community, families, schools, and within the individual and his or her peer group.*

2 → *Exposure to a greater number of risk factors dramatically increases a young person's risk of involvement in problem behaviors. For programs and services to have the greatest impact, they must reach those young people exposed to the greatest number of risk factors and fewest protective factors.*

3 → *They can be present from before birth through adolescence. Different risk factors first become noticeable at different points during development.*

4 → *Enhancing protective factors helps communities promote positive youth development, even in the face of risk.*

Slide 2-28

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.

1 → *Implementing risk- and protection-focused programs and services can have positive effects on multiple problem behaviors. For example, academic failure beginning in late elementary school (as shown on the risk factor chart) is predictive of all five problem behaviors. Implementing a tested, effective program to address this risk factor can be expected to produce long-term reductions in all of these problem behaviors.*

2 → *While levels of risk and protection may vary, the effect of risk and protection is the same—regardless of race.*

3 → *Both risk and protective factors should be addressed in prevention efforts.*

Slide 2-29

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The final piece of the prevention-science research base is tested, effective prevention strategies. With the growing concern for ensuring effectiveness, prevention strategies have been increasingly subjected to rigorous evaluations.

Slide 2-30

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

Review the slide.

Tested, effective prevention strategies have been proven effective in well-controlled studies using experimental or quasi-experimental designs. Experimental and quasi-experimental designs are strong evaluation methods that allow researchers to examine the effects that programs, policies or practices have on participants.

Studies of the prevention strategies we recommend compared schools, families, youths or communities that received the strategy with those that did not. Results showed that participants who received the strategy were much better off than those who did not. They experienced lower risk, greater protection and, in many longitudinal studies, they exhibited better behavioral outcomes.

Slide 2-31

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

State and national agencies have become increasingly interested in, and committed to, strategies that have been rigorously tested for effectiveness. One such agency is the National Institute for Drug Abuse (NIDA). These are some strategies that NIDA identified as meeting its criteria for tested, effective programs.

The availability of tested, effective prevention strategies is a major step forward in the field of prevention science.

In 1980, virtually no tested, effective prevention programs were available. Drug abuse prevention efforts were focused on drug information classes for students. When tested in rigorous trials, however, this approach was found to be ineffective.

The major breakthrough in the past two decades has been the development and testing of prevention programs that actually work to produce the desired behavior outcomes of less drug abuse, less violence, less risky sexual behavior and less school failure.

No longer do we have to guess what might make a difference in helping our kids grow up healthier. There is now a menu of tested strategies that have been shown to be effective in producing the positive outcomes we want for our children.

Review the slide.

Slide 2-32

Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The Communities That Care *process includes a guide to tested, effective programs, policies and practices, called* Communities That Care Prevention Strategies: A Research Guide to What Works*. The guide describes many programs, from prenatal programs to school curricula, family strengthening programs, community policing programs, and alcohol laws and policies. The guide will be a key tool for the Community Board in the Community Resources Assessment Training and the Community Planning Training.*

Slide 2-33

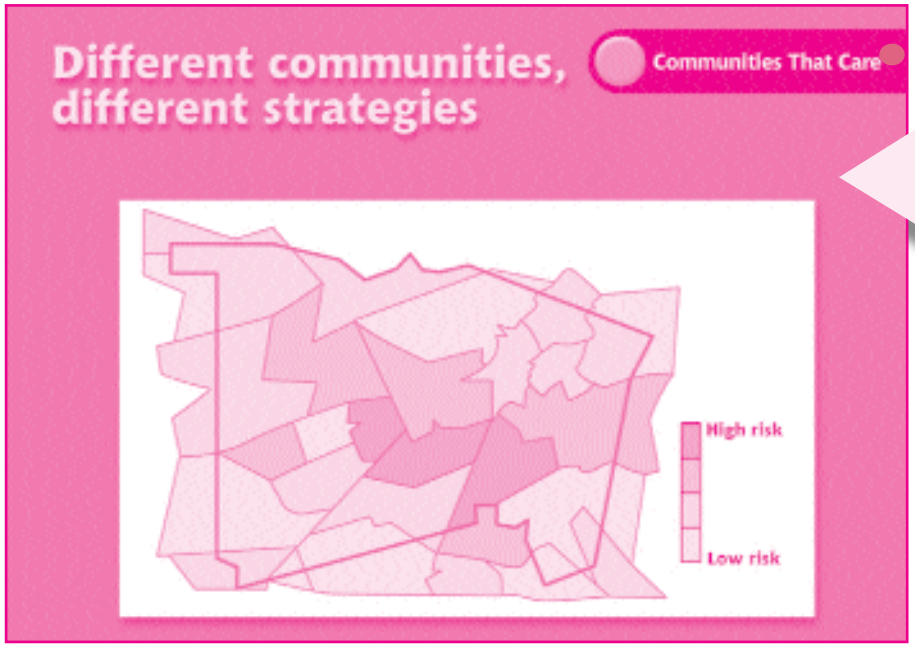
Notes

Objective 1: Describe the research foundation of the *Communities That Care* system.

The prevention-science research base provides the information you need to create a community operating system that helps ensure the healthy, positive development of your community's children and youth. We know what works!

Review the slides.

Slide 2-34



Slide 2-35

Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Once a community has assessment data on levels of risk and protection in different areas of the community, it can do two important things:

- *First, it can focus resources on those geographical areas where children are being exposed to the highest levels of risk and the least protection, and therefore are most likely to become engaged in problem behaviors. The community can focus its resources where they will do the most good.*
- *Second, the community can use its own profile of risk and protection as an objective basis for choosing the specific activities and strategies that can make the most difference.*

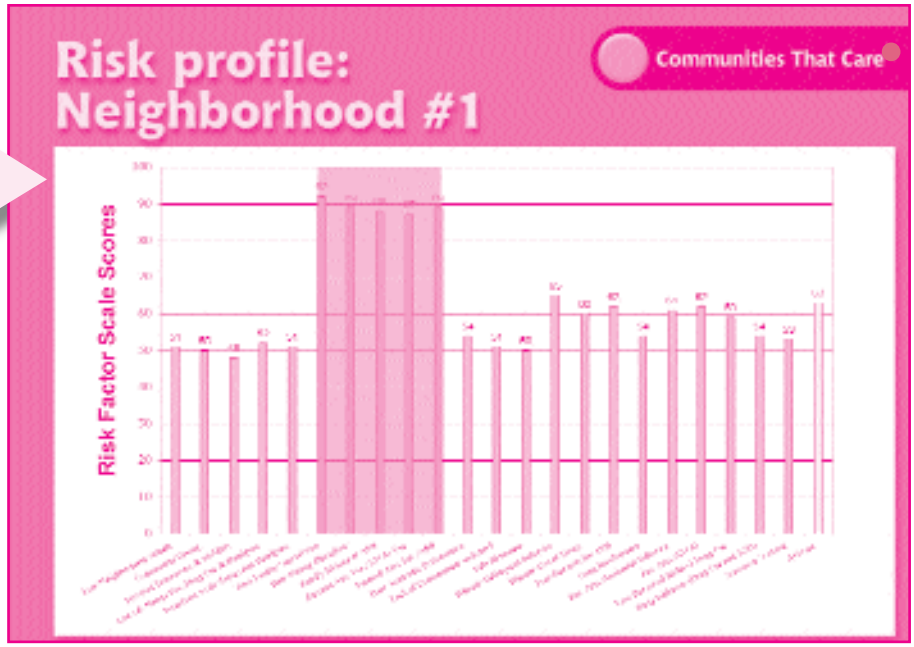
Review the slide.

This map shows a fictional city made up of several distinct neighborhoods. Imagine that each of these neighborhoods is large enough to be defined as a community.

The range of shades on this map represents different levels of risk. Dark shades represent neighborhoods that exhibit elevated levels of risk, while light shades represent neighborhoods with low levels of risk. First, you can see that levels of risk can vary widely from one area to another, even in a single city. In this city, three neighborhoods fall into the category of "high risk."

Now, let's imagine that an assessment reveals that each of these high-risk neighborhoods has a different set of elevated risk factors—that's very important to know. We'll look at two of these neighborhoods in more detail.

Slide 2-36



Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

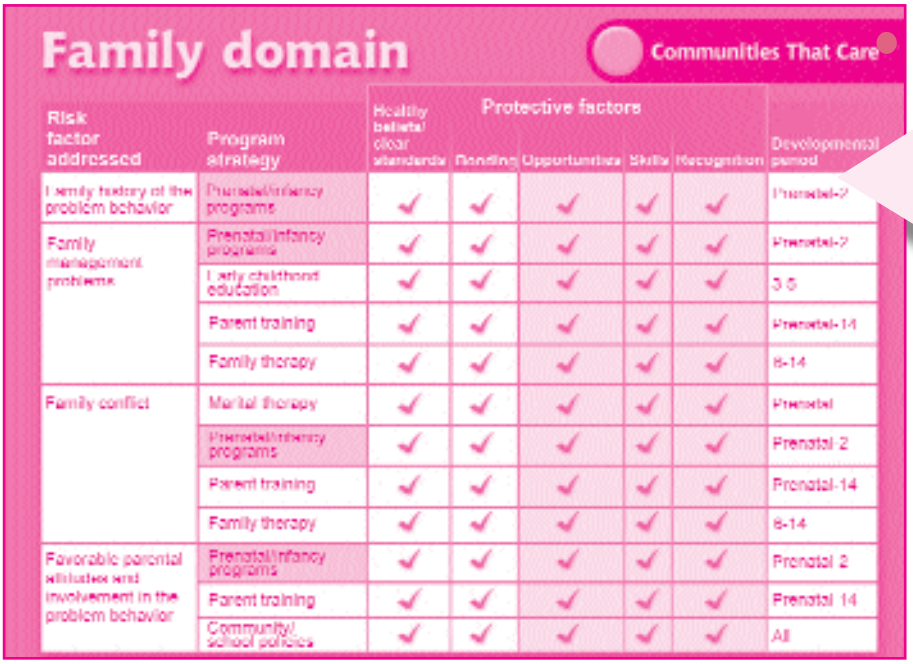
This graph displays the levels of risk present in neighborhood #1. Scores above 50 represent elevated levels of risk.

You might notice that these labels don't match up exactly with the risk factors you learned about earlier. That's because these labels represent the 22 scales that the Communities That Care Youth Survey *uses to measure risk factors.*

As you can see, children and adolescents in this neighborhood are exposed to somewhat elevated levels of risk in the peer and individual domain. They have friends who engage in problem behaviors, and they initiate problem behaviors early in their own lives.

But this neighborhood's most elevated risk factors are in the family domain—and addressing these risk factors should be the neighborhood's top priority.

In particular, these adolescents report that their families are characterized by management problems, measured by the scales of poor family supervision and poor family discipline. Moreover, families in this neighborhood have histories of problem behaviors, and parents express favorable attitudes toward problem behaviors.



Slide 2-37

Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

NOTE: The charts on slides 2-37, 2-39 and 2-42 are based on the 2000 edition of *Communities That Care Prevention Strategies: A Research Guide to What Works*.

So, what strategies can address these risk factors?

The Prevention Strategies *guide identifies several possibilities. Changing community and school policies has been proven effective in addressing favorable parental attitudes toward problem behaviors. Family therapy has been proven effective in addressing family management problems.*

But research identifies prenatal and infancy programs as a tested, effective strategy to address ***all*** *of this neighborhood's most elevated risk factors.*

Slide 2-38

Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

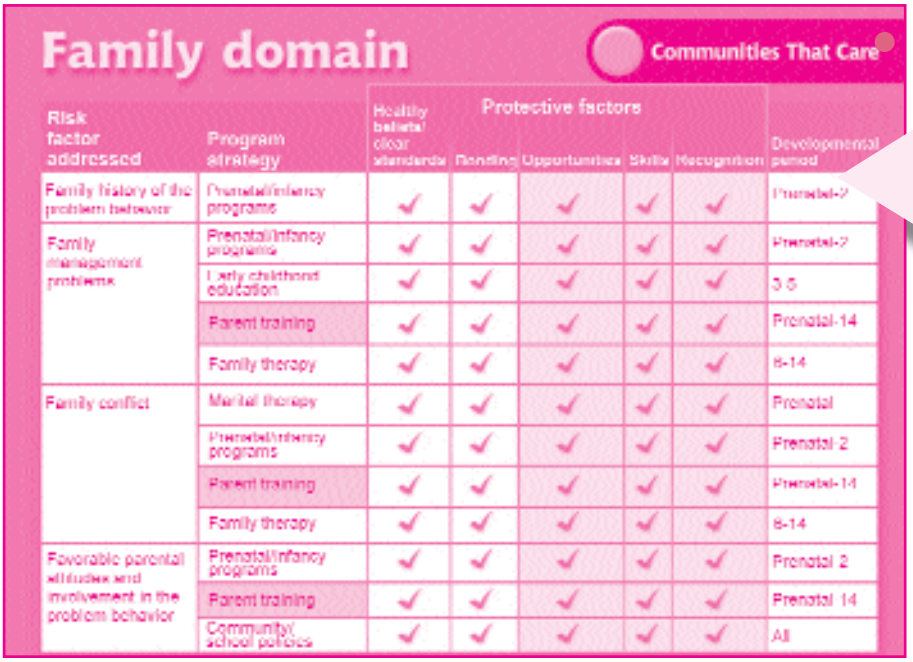
Dr. David Olds' Nurse-Family Partnership™ is one example of a successful prenatal and infancy program.

In field trials of this program, trained nurses visited the homes of pregnant, low-income women. The visits continued through the first two years of the child's life. The nurses offered health education, parent education, job and education counseling, links to health and other services, and emotional support.

The results were impressive. Maternal smoking during pregnancy decreased by 25%, and rates of preterm deliveries and low-birth-weight babies dropped.

Child abuse and neglect decreased by 70%, and behavioral problems resulting from alcohol and other drug use by low-income, unmarried mothers decreased by 44%.

And what about the children's behavior? The infants whose mothers had received the visits continued to benefit as adolescents. They had 54% fewer arrests, 69% fewer convictions, 58% fewer sexual partners and 51% fewer days consuming alcohol by age 15.



Family domain

Communities That Care

Risk factor addressed	Program strategy	Protective factors: Healthy beliefs/ clear standards	Bonding	Opportunities	Skills	Recognition	Developmental period
Family history of the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
Family management problems	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Early childhood education	✓	✓	✓	✓	✓	3-5
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Family conflict	Marital therapy	✓	✓	✓	✓	✓	Prenatal
	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Favorable parental attitudes and involvement in the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Community/ school policies	✓	✓	✓	✓	✓	All

Slide 2-39

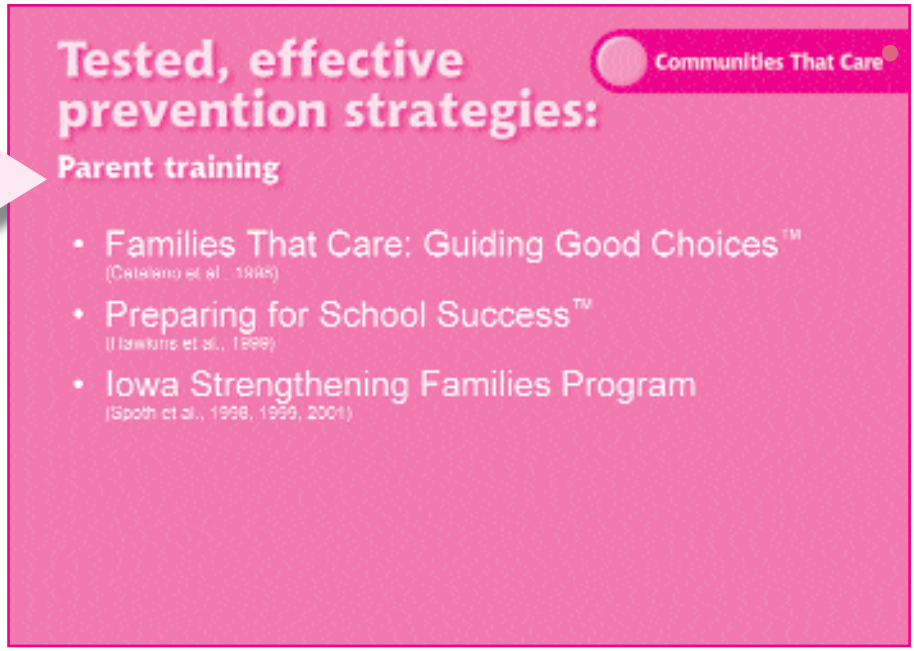
Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Prenatal programs can set a community's newest members on the right path toward positive development. But what about older children?

Parent training, for example, is a tested, effective strategy to address family risk factors. Parent training has been shown to promote positive youth development from before birth through age 14.

Slide 2-40



Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

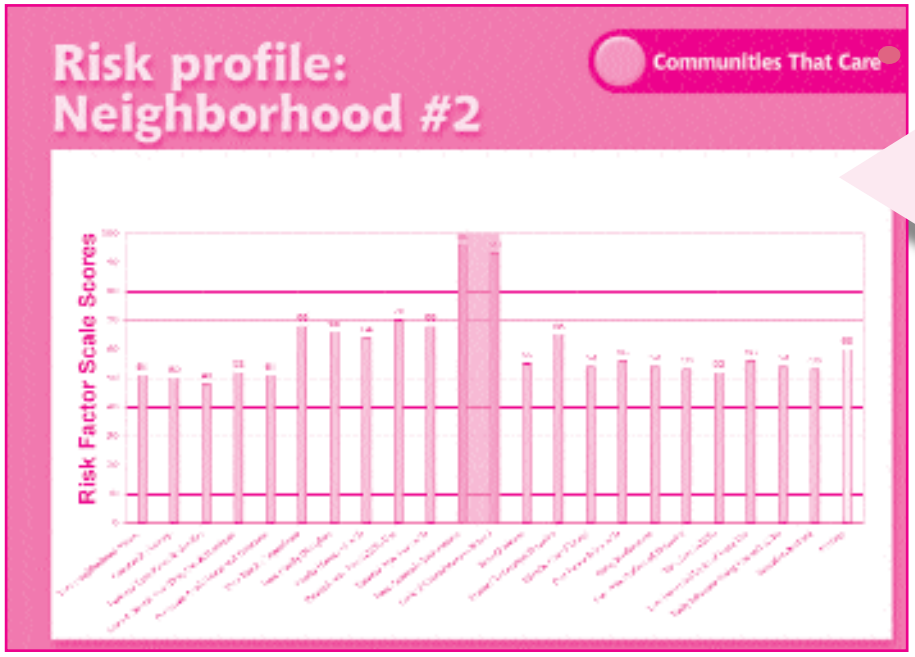
Families That Care: Guiding Good Choices™, *developed by Dr. Hawkins and Dr. Catalano, is an effective parent-training program.*

The program's objectives are to:

- *teach parents how to reduce critical risk factors that are especially influential as children approach adolescence*
- *empower parents to set a clear family position on alcohol and drug use by family members*
- *provide parents with skills to help their children refuse offers to use alcohol and other drugs*
- *increase family bonding by reducing conflict and by increasing children's involvement in positive family activities.*

Families That Care: Guiding Good Choices™ *focuses on the prevention of alcohol and other drug use. It provides ways for parents to define and communicate a family position on drug use, while at the same time providing the opportunity for children to be involved in developing the position. It also provides an opportunity for parents and children to learn and practice effective family management skills together.*

Tests of the program have shown significant positive effects. The program has been shown to have long-term effects. It has been proven effective in helping parents of children ages 9 to 14 protect their children from substance use. Moreover, parents who participated in the program were more likely than control parents to provide reinforcement to their children for prosocial behavior, to monitor their children's whereabouts and to be involved with their children.



Slide 2-41

Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Now, let's look at neighborhood #2.

This neighborhood shares some of the same elevated family risk factors with neighborhood #1. Neighborhood #2 could also benefit from prenatal and infancy programs and parent training.

But there are other elevated risk factors present in this neighborhood—more than just prenatal and infancy programs and parent training can address. Academic failure beginning in late elementary school, measured by the scale of poor academic performance, is this neighborhood's most elevated risk factor. A significant proportion of the children in this neighborhood also report that they lack commitment to school.

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Notes

School domain

Communities That Care

Risk factor addressed	Program strategy	Protective factors: Healthy beliefs/ clear standards	Bonding	Opportunities	Skills	Recognition	Developmental period
Academic failure beginning in late elementary school	Parent/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Early childhood education	✓	✓	✓	✓	✓	3-5
	Parent training	✓	✓	✓	✓	✓	Prenatal-10
	Organizational change in schools	✓	✓	✓	✓	✓	6-18
	Classroom organization, management and instructional strategies	✓	✓	✓	✓	✓	6-18
	Classroom curricula for social competence	✓	✓	✓	✓	✓	6-14
	School behavior management strategies	✓		✓		✓	6-14
	Youth employment with education	✓	✓	✓	✓	✓	15-21

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

This chart shows strategies that have successfully intervened to address academic failure. These strategies range across the developmental periods from before birth through age 21. Several of these strategies have also been shown to effectively address low school commitment.

Let's look at one strategy in depth: classroom curricula for social competence. The programs, policies and practices within this strategy focus on helping children develop the skills they need to behave in healthy and responsible ways.

Reconnecting Youth is one successful program in this category.

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Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

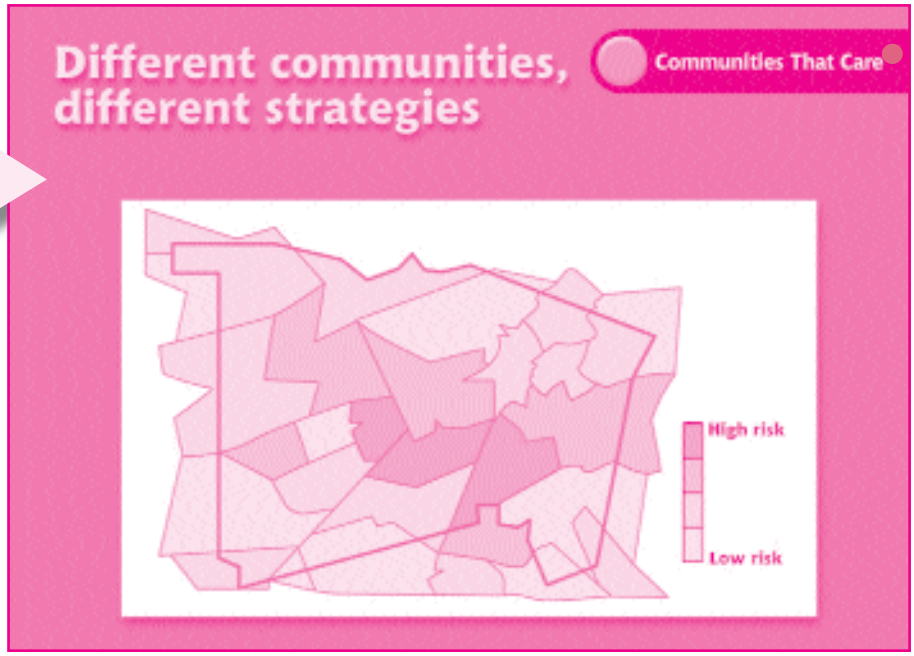
Reconnecting Youth is available to students in grades 9-12 who have poor academic records and are at risk for dropping out of school.

The program involves several components. Reconnecting Youth Class (also called Personal Growth Class), the program's core component, is designed to improve self-esteem and social skills. School bonding activities offer drug-free social opportunities. Parental involvement is maintained through progress reports, contact with teachers and support for activities. Finally, School Crisis Response planning focuses on suicide prevention.

Evaluations have identified increases in academic achievement, school bonding and self-esteem among program participants. Reconnecting Youth has also demonstrated effectiveness in curbing adolescents' drug use and association with antisocial peers.

Slide 2-44

Notes



Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

So, even though both of these neighborhoods are "high risk," would you choose the same strategies to reduce risk in each one?

Because of the different profiles, you would choose different strategies to address the different elevated factors for each neighborhood.

This example clearly shows that even when different communities—or even a number of areas within a community—are at high risk, the kinds of risks present in each might be very different. As a result, the most effective strategies for addressing problem behaviors are likely to be different.

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Notes

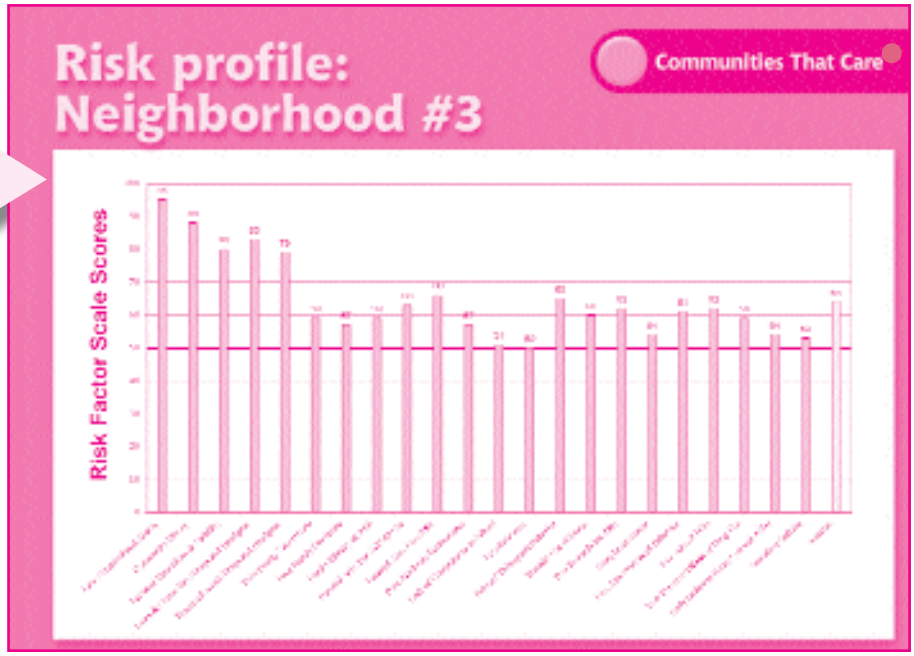
Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

We know a lot about what works from the prevention-science research base. We've seen that what works in one community will be different from what works in another, and that the Communities That Care *framework helps communities identify their unique risk and protection profiles.*

Review the slides.

Slide 2-46

Slide 2-47



Notes

Objective 2: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Guided Practice

Let's take a look at a risk profile for a third neighborhood in the same city.

Ask participants to write their answer to each question at the bottom of their pages:

Which domain presents the greatest risk exposure?

What is this neighborhood's most elevated risk factor?

Ask if everyone wrote "community" for the first question and "low neighborhood attachment" for the second.

Check for understanding.

Ask participants the following questions. Be sure everyone understands the answers.

What are two important things that community assessment data on levels of risk and protection allow communities to do?

Answers should include: Focus resources on areas of the community where they'll do most good; select tested, effective prevention strategies that can make the most difference because they're matched to the community's own risk and protection profile.

What is the problem with a "cookie-cutter" or "one-size-fits-all" approach to implementing community prevention efforts?

A possible answer is: Every community will have its own unique risk and protection profile, and will need a prevention effort designed to address its areas of greatest risk and least protection.

Are there any questions about why a risk and protection assessment is important for each community?

Does everyone agree that a risk and protection assessment is an important step in implementing an effective prevention effort?

Take a 10-minute break before continuing.

Slide 2-48

Notes

Review the slide.

Notes